

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016170

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2379 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

**FILED MAY 6 1963**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Grundy Jackson</b> )	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Trenton Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen. Hosp &amp; Med. Center</b>		d. STREET ADDRESS (If outside, give location) <b>4242 Agnes</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Lydia</b> Last <b>Mang</b>			4. DATE OF DEATH Month <b>4</b> Day <b>21</b> Year <b>63</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>cauc.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 27, 1901</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Grundy Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		13. FATHER'S NAME <b>Green Edna</b>		13b. MOTHER'S MAIDEN NAME <b>Lillie Ann Hooch Carl</b>	
14. NAME OF HUSBAND OR WIFE <b>Mang</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, please unknown) (If yes, give war or dates of service) <b>No.</b>		16. INFORMANT <b>David Blackmore</b> Address <b>Funeral Home</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **carcinoma of oviary with metastasis**

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last: **bilateral pneumonia**

DUE TO (b) **bilateral pneumonia**

DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>3-5-63</b> to <b>4-21-63</b> and last saw her alive on <b>4-21-63</b> Death occurred at <b>8:15</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Frank Ellis</i> (Degree or title)		22b. ADDRESS <b>2400 Cherry</b>		22c. DATE SIGNED <b>4-21-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4-22-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Trenton, Missouri</b>	
24. FUNERAL DIRECTOR <b>Stine &amp; McClure, Kansas City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-22-63</b>		26. REGISTRAR'S SIGNATURE <i>Keith Long</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
1b	2 yrs.	17 days
2b, c, d	Jackson, Kansas City, 4242 Agnes Grundy, Trenton,	

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

E. Frank Ellis

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Richard L. Powers*

Licensed Embalmer No. 5190

P. O. Address

*Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

FEB 18 1934

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